



## ARKANSAS BUREAU OF STANDARDS

4608 West 61<sup>st</sup> Street  
Little Rock, Arkansas 72209  
Phone 501-570-1159 Fax 501-562-7605

**APPLICATION FOR REGISTRATION**

Application is hereby made as an authorized scale or meter service company, or self-employed individual, for the authority to remove rejection seals and tags placed on Commercial and Law-Enforcement Weighing and Measuring Devices by authorized Weights and Measures Officials, to place in service repaired devices that were rejected, or to place in service devices that have been newly installed. Applicant acknowledges and agrees to the provisions of Acts 586 and 587 of the 2001 Arkansas General Assembly and the administrative, civil, and criminal penalties thereof.

Please check all that apply:

- ☐ Scale Service  
☐ Meter Service  
☐ LPG Meter Service  
☐ New Applicant  
☐ Renewal

**Important Note:**

*Please attach current Certificate(s) of Calibration  
for all testing equipment.*

Service Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Has the applicant ever been registered as a service agency or serviceperson in Arkansas? ☐ NO ☐ YES Reg. No. \_\_\_\_\_Does applicant have a working knowledge of the specifications and tolerances in NIST Handbook 44? ☐ NO ☐ YES

List all testing equipment applicant has in possession or available for use: \_\_\_\_\_

**NOTICE: Field certification of test measures may not be recognized by other states.**

Under agency registration, identification of individual servicepersons is required. Each registered company will maintain a current list of servicepersons employed by them on file with the Arkansas Bureau of Standards. We/I understand the Arkansas Bureau of Standards may revoke the registration for just cause.

(Signature of Responsible Person)	(Printed Name of Responsible Person)	(Date)
(Signature of Witness)	(Printed Name of Witness)	(Date)

**NOTE: Provide appropriate evidence or references as to applicant's qualifications by training and/or experience on reverse.**

**Do not complete this section**

**SERVICE:** Category A Scales ☐ ☐ Retail Meters Reg. Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Category B Scales ☐ ☐ Wholesale Meters Reg. Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Category C Scales ☐ ☐ LPG Meters Reg. Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Category D Scales ☐

Scale Expiration Date \_\_\_\_\_ Reg. Number \_\_\_\_\_

Date of Calibration of Standards: \_\_\_\_\_

Date Certificate Issued: \_\_\_\_\_

Recommendations of Arkansas W &amp; M Official: \_\_\_\_\_

\_\_\_\_\_  
W & M Official Signature

List Applicant's experience including dates:

Where:

Dates:

Applicant's Training:

Other qualifications of Applicant:

Servicepersons employed by applicant (NAMES ONLY):

[illegible]